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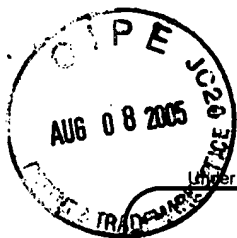
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|--|----------------------|------------------------|------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/820,932 | |
| | Filing Date | April 8, 2004 | |
| | First Named Inventor | FIELDS, Samuel S. | |
| | Art Unit | 3632 | |
| | Examiner Name | Chan, Ko Hung | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 41615-0003 |

| ENCLOSURES (Check all that apply) | | |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm Name | Ruden, McClosky, Smith, Schuster & Russell, P.A. | | |
| Signature | | | |
| Printed name | Stanley A. Kim, Ph.D., Esq. | | |
| Date | August 4, 2005 | Reg. No. | 42,730 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Typed or printed name | Stanley A. Kim, Ph.D., Esq. | Date | August 4, 2005 |

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PTO/SB/82 (04-05)

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| | |
|------------------------|-------------------|
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| Attorney Docket Number | 41615-0003 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 43,463

☒ Please change the correspondence address for the above-identified application to:

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Samuel S. Fields

Date

July 25, 2005

Telephone

954-583-4738

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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